

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OCT 26 2009

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total No. of Pages in this Submission: 14

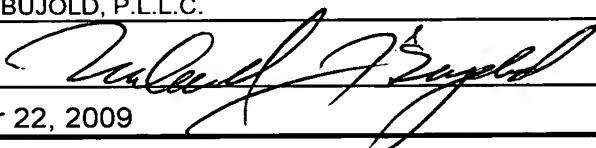
Application Number	10/593,380	
Confirmation Number		
Filing Date	with an effective filing date of January 29, 2005	
First Named Inventor	Peter ZIEMER	
Group Art Unit	3656	
Examiner Name	Phillip A. JOHNSON Fax: (571) 273-8300	
Total No. of Pages in this Submission: 14	Attorney Docket Number ZAHFRI P887US	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form [1] <input checked="" type="checkbox"/> Fee attached - Check \$810.00	<input type="checkbox"/> Assignment papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Response [9] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) --Annotated Sheet(s) Replacement Sheet(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request (in Duplicate)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Stmt	<input type="checkbox"/> To Convert a Provisional Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Request for Continued Examination 1pg (in duplicate) Postcard
<input type="checkbox"/> Response to Missing Part/s Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

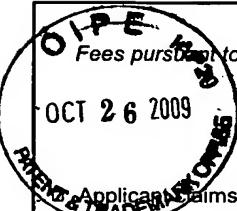
Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	October 22, 2009	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on October 22, 2009.

Signature		Date: October 22, 2009 (amp)
-----------	---	------------------------------

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

OCT 26 2009
**FEE TRANSMITTAL
For FY 2008**

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$810.00

Complete if Known	
Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/593,380 with an effective filing date of January 29, 2005 Peter ZIEMER Phillip A. JOHNSON 3656
Attorney Docket No.	ZAHFRI P887US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description Small Entity Fee (\$)

Each claim over 20 (including Reissues) 52 26

Each independent claim over 3 (including Reissues) 220 110

Multiple dependent claims 390 195

Total Claims -20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$) Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

Indep. Claims -3 or HP + Extra Claims x Fee (\$) = Fee Paid (\$) Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 = Extra Sheets No. of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

Fee (\$) Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fee (\$)

Other (e.g., late filing surcharge): Request for Continued Examination Fee (\$)

\$810.00

SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: October 22, 2009

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$810.00

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit10/593,380
with an effective filing date of
January 29, 2005
Peter ZIEMER
Phillip A. JOHNSON
3656

Attorney Docket No.

ZAHFRI P887US

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims -20 or HP =	<u>Extra Claims</u> x <u>\$52/\$26</u> =	<u>Fee Paid (\$)</u>	Multiple Dependent Claims
Indep. Claims -3 or HP +	<u>Extra Claims</u> x <u>\$220/\$110</u> =	<u>Fee Paid (\$)</u>	Fee (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 =	<u>Extra Sheets</u> / 50 =	<u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x <u>\$270/\$135</u> =	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
---------------------	----------------------------	--	-----------------	----------------------

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) _____

Other (e.g., late filing surcharge): Request for Continued Examination _____

\$810.00

SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: October 22, 2009